

Please send \_\_\_\_\* packages of form (WKC-8165) SBD-10781, Determination of Exposure to Blood/Body Fluids (\$25/package of 25 multiple-part forms) to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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Please print or type, this will be used as your return mailing label.

Fund Code 8035

Please make your check payable to “**WI Dept of Commerce, Safety & Buildings Division**”.

Please send your requests to:

Material Orders

201 W. Washington Ave, 4<sup>th</sup> floor

P.O. Box 2509

Madison, WI 53701-2509

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1)(m)].

**Note:** the address on the back of this form has been formatted so it can be used as a mailing address in a left window type envelope.